

# AG OLYMPICS 2010



**Friday, August 13, 2010**  
**1:00 p.m.**

Come join the  
fun its **FREE!**

Bay County Fairgrounds Livestock Pavilion  
800 Livingston St.  
Bay City, Michigan

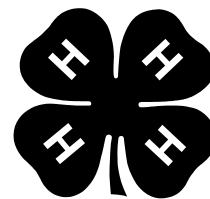


Bay County 4-H is sponsoring an Ag Olympics challenge for Bay County youth. This event is free to all youth of Bay County and 4-H membership is not required.

- ❖ **To register you must complete the form and return it to MSU Extension - Bay County at Fair Entry Registration on July 13 or 14, 2010, but no later than noon on July 16, 2010, at the Fairgrounds Canteen Building 800 Livingston St., in Bay City.**
- ❖ MSU Extension will be forming teams this year to make the ages more appropriate! We promise it will still be a great time to have fun and get dirty!
- ❖ All participants must have their parent or guardian complete a Medical Release form in order to participate. Forms are available to download on our Website at [www.baycounty-mi.gov/MSUE](http://www.baycounty-mi.gov/MSUE), and also at fair entry registration. Teams will consist of no more than six youth between the ages of 5 and 19. Prizes will be given to the top two teams. You will get messy so, don't forget to wear old clothes! These are physical challenges, we ask that no tank tops or skirts be worn.
- ❖ Thank you to Bay County Farm Bureau for sponsoring our t-shirts!  
**Shirt sizes are as follows:**  
**Child:**    ☐ Medium (10-12)    ☐ Large (14-16)  
**Adult:**    ☐ Small    ☐ Medium    ☐ Large    ☐ X-Large.
- ❖ If you would like more information, contact, MSU Extension - Bay County at (989) 895-4026.

4-H Ag Olympics Registration Form  
Parent Approval & Health Statement

The deadline to submit this form is Saturday, July 16, 2010 at 12:00 p.m.



Member's Name: \_\_\_\_\_

T-shirt size: **Child:** ☐ Medium (10-12) ☐ Large (14-16)

**Adult:** ☐ Small ☐ Medium ☐ Large ☐ X-Large.

Full Mailing Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Member's Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_

In an emergency, notify: \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_

or: \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_

Special Medical/Dietary Requirements: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Restrictions on Activities: \_\_\_\_\_

\_\_\_\_\_

We give our approval for \_\_\_\_\_ to participate in Ag Olympics 2010 on August 13, 2010.

This member has been informed of any restrictions listed above.

We will assume responsibility for any necessary medical or hospital expenses for this member if such should be required. Our medical insurance is with:

\_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

We understand that the 4-H staff/volunteers and the Bay County Fair and Youth Exposition will exercise every reasonable precaution to protect the welfare of the entire group. We give our permission, as parents or legal guardians, for medical treatment to be administered to the above-named person in the event of an emergency.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_